EFFECTIVE

October 1, 2009.

SUBJECTS

1. **Determination of care supplements.** Revised policy clarifies approval process for determination of care requests.
2. **Administrative review process**. New policy clarifies procedures based on the *Dwayne B. v Granholm, et al*. consent decree.
3. **New forms.** Forms have been developed for requesting administrative reviews of determination of care denials.

DETERMINATION OF CARE SUPPLEMENTS FOR FOSTER CARE

A determination of care (DOC) supplement may be justified when extraordinary care or expense is required of the foster parents or relative (foster care provider) who is eligible for a foster care payment. The supplement must be based on one or more of the following case situations where additional care by the foster care provider is required or an additional expense exists:

- Physically handicapped children for whom the foster care provider must provide measurably greater supervision and care.
- Children with special psychological or psychiatric needs which require extra time and measurably greater amounts of child care and attention in the home.
- Children requiring special diets that are more expensive than a normal diet and which require extra time and work to obtain and prepare.
- Children whose severe acting out or antisocial behavior requires a measurably greater amount of care and attention.

  Note: The receipt of Social Security Income (SSI) benefits by a ward requires DOC assessments. When a determination of care supplement is due to a physical or mental disability,

screen the youth for SSI eligibility. (See FOM 902-10, SSI Benefits Determination.)

To assess the need for a determination of care supplement, complete the DOC form that most closely fits the case situation:

- DHS-470 for children ages one day through 12 years with behavioral difficulties.
- DHS-470-A for children age 13 and over with behavioral difficulties.
- DHS-1945 for children who are medically fragile (all ages) or who have a documented medical condition which threatens health, life or independent functioning.

A DOC assessment must be done for every child at the initial case opening **and** at least every six months or if the child's care needs or level change or the child moves. This includes all children in purchased foster care programs. Each DOC assessment must be filed in the child's case record.

DOC rates are **not** to be authorized for any time period that exceeds six months. If a DOC supplement continues to be necessary at the end of the authorized time period, a new assessment must be done, appropriate approval obtained, and the payment authorization using SWSS/FAJ completed.

Justify the continuation of the level for a determination of care on the DHS-470, DHS-470-A or DHS-1945. Since the DOC rate is based on the extraordinary care required of the foster care provider, all tasks and additional expenses must be documented in detail under the caregiver activities section of the SWSS-FAJ report, Children's Foster Care Parent Agency Treatment Plan and Service Agreement.

As part of the re-determination of the funding source eligibility (every six months) an assessment of the need for a DOC supplement is required for every child age 0-18 regardless of the initial assessment not warranting a DOC.

The total reimbursement provided to the foster care provider is to be based on the above criteria and process. In all case situations, the foster care worker is to involve the foster care provider in completion of the form and to have the foster care provider sign the assessment form.

DETERMINATION OF CARE-ABOVE LEVEL III

If the care needs of the child are greater than the criteria on the DHS-470, DHS 470-A or DHS-1945, a foster care provider and supervising agency/DHS staff may establish a child specific DOC supplement.

DOC supplement requests above level III require child welfare field operations manager approval. Approval must be based on the results of the DHS-470, DHS-470-A or DHS-1945, and a description of the child's specific problems that have generated the request.

DOC supplements above level III are used to reimburse the foster care provider for meeting the child's extraordinary care needs. They must **not** include payments to a third party (person) for child care, nursing care, respite care, assisted care, etc. Payments for care provided by a third party (person) must be covered by the appropriate non-foster care funding source.

Example: The child care program is to be used for child care needs, the medical assistance program for nursing care, etc.

The maximum allowable foster parent DOC is $80.00 a day.

For all requests for payment above level III, the DHS foster care worker or monitor must first initiate a payment authorization to open payment at level III; then pend the higher payment authorization in SWSS/FAJ and submit documentation to request the amount of payment.

The request for approval must be submitted in writing, documenting the unusual care and supervision required and detail how the reimbursement amount was determined. The request must include a description of any other services and payments being provided for the child's care; for example, assisted care, nursing services, day care, and so on. File a copy of the documentation supporting the DOC supplement in the youth's case record.

Note: Documentation may include any of the following:

- Hospital/medical records/doctor's statement(s).
- Psychiatric evaluation.
- Psychological evaluation.
- Initial service plan/updated service plan.

- Foster care provider logs.
- School records/evaluations/individual education plan.
- Institutional discharge summaries.

If approved by the child welfare field operations manager, the DHS-626 with the appropriate signatures will be forwarded to the federal compliance office-funding unit to process payments.

Note: Reauthorization requests for DOC above level III must be submitted thirty days in advance of the expiration of the prior authorization.

REQUEST FOR REVIEW OF DOC

A foster care provider or supervising agency/DHS staff may initiate a request for review of a DOC supplement at any time other than the six month review. The request must be done in writing. Action must be taken within 30 days of the receipt of the request.

The requestor (such as the foster parent, relative or foster care worker) must be notified in writing of the disposition of the DOC request within 30 days of the receipt of the request (60 days if the requested DOC is over level III). If approved, the DOC is effective the date of the request. If the DOC request was received within the first 30 days of a child's placement with a specific foster family, the effective date of payment may be the first day of that placement. The requestor may initiate an administrative review if not notified timely.

If the appropriate DOC assessment does not justify an initial or continuation of the DOC level, the level is to be reduced 30 calendar days following the date the completed assessment is received by DHS. The DHS worker must notify the foster care provider or private agency within five working days in writing of any decrease in level.

ADMINISTRATIVE REVIEW PROCESS

If the foster care provider or the private agency disagrees with the level of care determination, an administrative review process may be initiated within 30 calendar days of the decision. For private agency supervised family foster care, the agency must initiate the request for the administrative review. For DHS supervised family foster care, an administrative review may be requested by the

foster parent. Administrative review decisions by the federal compliance office (FCO) are final.

If an administrative review is requested, payment will not be reduced until the administrative review is complete.

Private Agency Supervised Process

1. Private agency supervisor requests an administrative review by submitting the DHS-668, Administrative Review Request for Determination of Care (DOC) Denial form, to the DHS worker's supervisor.

2. The DHS local office has 14 calendar days to review the DOC assessment and complete the DHS-669, Local DHS Response to Administrative Review Request for Determination of Care Denial form. If, after review, the local DHS office does not concur with the original assessment and agrees with the private agency, the local DHS office must authorize all necessary changes to the assessment and payments. No further action is necessary.

3. If the DHS local office agrees with the original assessment the DHS worker's supervisor must forward the DOC, DHS-669, and relevant case materials to the FCO.

4. The FCO has 14 calendar days to review the administrative request from the DHS local office. The FCO will immediately notify the agency and local DHS director of the decision using the DHS-670, Federal Compliance Office (FCO) Decision to Administrative Review Request for Determination of Care (DOC) Denial form.

State Agency Supervised Process

1. The foster care provider requests an administrative review by completing and submitting the DHS-668 to the foster care worker's supervisor.

2. The DHS local office has 14 calendar days to review the DOC assessment and complete the DHS-669. If, after review, the local DHS office does not concur with the original assessment and agrees with the foster parent, the local DHS office must

authorize all necessary changes to the assessment and payments. No further action is necessary.

3. If the DHS local office agrees with the original assessment the DHS worker's supervisor must forward the DOC, DHS-669, and relevant case materials to the FCO.

4. The FCO has 14 calendar days to review the administrative request from the DHS local office. The FCO will immediately notify the agency and local DHS director of the decision using the DHS-670.

Effective Date of Request

When the resolution of a request for change in level occurs, the local office is to initiate a payment authorization request and DHS-634 (if applicable), retroactive to **the original date of request** for change in level of care. The original date of the request is the date a signed DHS-470, DHS-470-A or DHS-1945 is date stamped into the local office. A copy of the DHS-626 is to be sent to the provider.

New Forms

DHS-668, Administrative Review Request for Determination of Care (DOC) Denial.

DHS-669, Local DHS Response to Administrative Review Request for Determination of Care Denial.

DHS-670, Federal Compliance Office (FCO) Decision to Administrative Review Request for Determination of Care (DOC) Denial.

MANUAL MAINTENANCE INSTRUCTIONS